

DO/EO WORKSHEET

Paralegal/ National Stage Division

U.S. Appl. No.

10/523651

International Appl. No.

JP03/12889

Application filed by: ☐ 20 months ☒ 30 months

WIPO PUBLICATION INFORMATION:

Publication No.: WO2004, 033894

Publication Language: ☐ English ☐ German ☒ Japanese ☐ Chinese ☐ Korean
☐ French ☐ Spanish ☐ Russian ☐ Other: _____

Publication Date: 22 APR 04

Not Published: ☐ U.S. only designated ☐ EP requestPublished: ☐ EP request

INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE:

- | | |
|--|--|
| <input checked="" type="checkbox"/> International Application (RECORD COPY) | <input type="checkbox"/> PCT/IB/331 |
| <input type="checkbox"/> Article 19 Amendments | <input type="checkbox"/> Request form PCT/RO/101 |
| <input type="checkbox"/> PCT/IPEA/409 IPER: <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU | <input type="checkbox"/> PCT/ISA/210 - Search Report: <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU |
| <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ | <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ |
| <input type="checkbox"/> Annexes to 409 | <input type="checkbox"/> Search Report References |
| <input type="checkbox"/> Priority Document (s) No. _____ | <input type="checkbox"/> Other: _____ |

RECEIPTS FROM THE APPLICANT (other than checked above):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge) | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on :
1. _____ 2. _____ 3. _____ |
| <input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract | <input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on :
1. _____ 2. _____ 3. _____ |
| <input checked="" type="checkbox"/> Drawing Figure(s) - (# of drwgs. 48) | <input type="checkbox"/> Assignment Document (forwarded to Assignment Branch) |
| <input type="checkbox"/> Translation of Article 19 Amendments
<input type="checkbox"/> entered <input type="checkbox"/> not entered :
<input type="checkbox"/> not a page for page substitution
<input type="checkbox"/> replaced by Article 34 Amendment | <input type="checkbox"/> Assignee PG Publication Notice |
| <input type="checkbox"/> Annexes to 409
<input type="checkbox"/> entered <input type="checkbox"/> not entered :
<input type="checkbox"/> not a page for page substitution
<input type="checkbox"/> other: _____ | <input type="checkbox"/> Substitute Specification Filed on :
1. _____ 2. _____ |
| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> Verified Small Status Statement |
| <input type="checkbox"/> Power of Attorney/ Change of Address | <input checked="" type="checkbox"/> Oath/ Declaration (executed) |
| | <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing |
| | <input type="checkbox"/> Other: _____ |

NOTES:

☐ I.A. used as Specification ☐ Other: _____

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Date Acceptable Oath/ Declaration Received.

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements (no EP requested)

Date of Completion of DO/EO 903 - Notification of Acceptance

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 909 - Notification of Abandonment

Date of Completion of DO/EO 916 - Notification of Defective Response

Date of Completion of DO/EO 922

Date of Completion of DO/EO 923

BEST AVAILABLE COPY

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 8-3-05 2 Serial/Patent # 10/523651

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing	<u>1</u>	<u>2/4/05</u>	\$ <u>1600</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

7 TOTAL AMOUNT OF REFUND \$ 1600

8 TO BE REFUNDED BY:

10 REASON:

☒ Overpayment
☐ Duplicate Payment
☐ No Fee Due (Explanation):

Treasury Check

Credit Deposit A/C #:

9

1	0	--	1	2	5	0
---	---	----	---	---	---	---

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson

TITLE: paralegal

SIGNATURE: A Johnson

PHONE: 308-8140

OFFICE: PCT

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: